



Schedule B/R Beneficiary/Remaindermen

2004

NAME OF ENTITY

FEDERAL IDENTIFICATION NUMBER

NAME OF BENEFICIARY/REMAINDERMEN

SOCIAL SECURITY NUMBER

LEGAL DOMICILE

MAILING ADDRESS OF BENEFICIARY/REMAINDERMEN

CITY/TOWN/POST OFFICE

STATE

ZIP + 4

Select applicable oval: ☐ Beneficiary ☐ Remaindermen

Total income

Percentage of income

Percentage of taxable income

NAME OF BENEFICIARY/REMAINDERMEN

SOCIAL SECURITY NUMBER

LEGAL DOMICILE

MAILING ADDRESS OF BENEFICIARY/REMAINDERMEN

CITY/TOWN/POST OFFICE

STATE

ZIP + 4

Select applicable oval: ☐ Beneficiary ☐ Remaindermen

Total income

Percentage of income

Percentage of taxable income

NAME OF BENEFICIARY/REMAINDERMEN

SOCIAL SECURITY NUMBER

LEGAL DOMICILE

MAILING ADDRESS OF BENEFICIARY/REMAINDERMEN

CITY/TOWN/POST OFFICE

STATE

ZIP + 4

Select applicable oval: ☐ Beneficiary ☐ Remaindermen

Total income

Percentage of income

Percentage of taxable income

NAME OF BENEFICIARY/REMAINDERMEN

SOCIAL SECURITY NUMBER

LEGAL DOMICILE

MAILING ADDRESS OF BENEFICIARY/REMAINDERMEN

CITY/TOWN/POST OFFICE

STATE

ZIP + 4

Select applicable oval: ☐ Beneficiary ☐ Remaindermen

Total income

Percentage of income

Percentage of taxable income

Income Summary

- | | | |
|---|--------------------------------------|---|
| 1 | Accumulated income | 1 |
| 2 | Total of beneficiaries' income | 2 |
| 3 | Accumulated capital gain | 3 |
| 4 | Total remaindermen's income | 4 |